Emergency Support Function – No. 8
HEALTH AND MEDICAL SERVICES

Primary Agency:

Virginia Department of Health (VDH)

VERT ESF Branch:

- Emergency Services Branch
- Human Services Branch

Support Agencies:

- American Red Cross
- Department of Agriculture and Consumer Services
- Department of Environmental Quality
- Department of General Services
- Department of Health Professionals
- Department of Mental Health, Mental Retardation and Substance Abuse Services
- Department of Military Affairs
- Department of Virginia State Police
- Department of Social Services
- Department of Game and Inland Fisheries
- Virginia Hospital and Healthcare Association
- City, Town and County Governments

Introduction

Purpose

Emergency Support Function (ESF) 8 Public Health and Medical Services provides the mechanism for coordinated assistance to supplement local government and nongovernmental resources in response to public health and medical care needs (to include veterinary and/or animal health issues when appropriate) including fatality management operations for potential or actual incidents and/or during a developing potential health and medical situation. ESF #8 is coordinated by the Health Commissioner of the Virginia Department Health (VDH).

Scope

ESF #8 provides supplemental assistance to local governments in identifying and meeting the public health and medical needs of victims of an incident. This support is categorized in the following core functional areas:

- Assessment of public health/medical needs (including behavioral health);
- Public health surveillance;
- Medical care personnel; and
- Medical equipment and supplies.
- Emergency Medical Services
- Environmental health monitoring and response
- Mortality management
- Support to Mass Care and Public Works emergency support functions

As the primary agency for ESF #8, VDH coordinates the provision of all health and medical assistance to fulfill the requirements identified by the affected local governments or other appropriate authorities.

Mission

The Health and Medical Services' mission is to coordinate the provision of critical services to protect the health of citizens and

to provide medical, mental health and mortality management services as needed in disasters and large-scale emergencies.

Policies

- The Virginia Department of Health (VDH) is designated as the lead agency for Health and Medical Services. The Deputy Commissioner for Emergency Preparedness and Response (EP&R) is designated as the Coordinator for VDH emergency response.

- In order for VDH to respond in the most appropriate manner to emergencies declared by the Governor or President or, in any case the Commissioner deems it necessary to respond to a public health threat, the Commissioner will delegate additional operational authority over the agency's work units throughout the state to the DCEP&R utilizing the incident command system.

- Virginia Department of Health response is performed by the following principal central office divisions and offices: Emergency Preparedness and Response, Public Health, Office of Epidemiology, Office of Emergency Services, Office of the Chief Medical Examiner, and is supported by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse.

- The Virginia Department of Health response is provided through the Central Office in Richmond and is executed primarily by five regional teams, by the 35 local health districts and their respective local governments served by them, and by the three District offices of the OCME.

- The Virginia Department of Health Emergency Coordination Center, and the local health department ECCs, serve to support the state and local Emergency Operations Centers.

- The Virginia Department of Health is the principal agency for ESF 8, Health and Medical, for on-going federal and state public health medical expertise.

- Support agencies. The Department of Mental Health, Mental Retardation and Substance Abuse Services supports the mental health response. The VDH supports the Department of Social Services and Virginia local governments in mass care, special medical needs care and transportation; and supports Public Works & Engineering; and, coordinates on the zoonotic response.

Organization and Assignment of Responsibilities

A. State agencies that have major support functions for Health and Medical Services include:

   - Department of Agriculture and Consumer Services
   - Department of General Services
   - Department of Health Professions
   - Department of Mental Health, Mental Retardation and Substance Abuse Services
   - Department of Military Affairs
   - Department of Social Services
   - Virginia State Police
   - Department of Game and Inland Fisheries
   - Department of Environmental Quality

B. Several voluntary and private organizations provide specific health and/or medical support or response teams in emergencies. They include:

   - American Red Cross
   - Virginia Association of Volunteer Rescue Squads
   - Virginia Funeral Directors' Association
   - Virginia Hospital and Healthcare Association

- Virginia Veterinary Medical Association
- Community Service Boards (community mental health services)
- Regional Emergency Medical Services (EMS) Councils

C. Field operations are carried out by Virginia Department of Health Local Health Districts, local EMS agencies, local Community Services Boards and specialized regional teams tasked with hazard-specific duties. District Health Directors and other field responders are part of local emergency management programs and will respond as indicated in local emergency operations plans.

D. Disaster Health and Medical Services coordinated by VDH include critical services in the areas below.

1. Prevention of Disease includes surveillance and investigation of diseases and other conditions, implementation of intervention measures, and environmental and water quality response;
2. Medical Supplies, Equipment and Dispensing including providing life-saving pharmaceuticals and medical supplies with or without the activation of the Strategic National Stockpile;
3. Mass Patient Care includes pre-hospital emergency medical services, hospital care and partnership with the intra-state aid and the National Disaster Medical System;
4. Emergency Mental Health Services including crisis counseling managed by Department of Mental Health, Mental Retardation & Substance Abuse Services;
5. Fatality Management operations and coordination which include post mortem disease surveillance, scene management operations, forensic examinations and collections, victim identification services and ante-mortem data collection oversight is provided by the Office of the Chief Medical Examiner, and
6. Providing guidance and technical assistance regarding Emergency evacuation of People With Special Medical Needs.

Concept of Operations

A. The Commonwealth plans for health and medical services are predicated upon the concept that emergency operations begin at the city and county level. District health directors, local emergency medical services agencies, and local mental health services providers will respond in accordance with their jurisdiction(s) plans. State assistance will be provided upon request when emergency or disaster needs exceed local capabilities.

B. Agency plans and procedures for the Department of Health and supporting agencies define the roles of agencies and support organizations in mitigation and preparedness, response and recovery of a disaster or major emergency. They establish the concepts and policies under which all elements of their agency will operate during emergencies. They provide the basis for more detailed appendices and procedures that may be used in an emergency response.

C. District Health Departments have been assigned emergency response and recovery duties and responsibilities and are required to develop and maintain an all hazards plan(s) as part of the local government and Virginia Department of Health plans. Hazard specific sub plans to the VDH plan will contain more detailed procedures as needed, to include increased readiness action checklists and specific reporting requirements.

D. The VDH Office of the Chief Medical Examiner maintains plans and procedures for management of mass fatalities under its jurisdictional authority for the state. Local and District Health Department will refer to the OCME fatality management plan for deaths under Medical Examiner jurisdiction. As the Commonwealth's SME in fatality management, they provide written guidance for localities on fatality management operations for deaths resulting from a naturally occurring disease outbreak as well.

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E. Specific emergency response plans can be found on the Virginia Department of Health website. The Department of Mental Health and Mental Retardation and Substance Abuse response plan can be found at the Department of MHMRSA website.

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Section 1: Prevention of Disease

1. The VDH Office of Epidemiology is responsible for developing plans and procedures for the surveillance and investigation of all reportable diseases, as well as emerging infectious diseases of public health importance. The VDH Office of Epidemiology and local health districts will disseminate plans and procedures as appropriate, and will manage resources and provide technical assistance in accordance with these plans.

   VDH has developed emergency operations plans and procedures to:

   a. Maintain a surveillance system for the early detection of communicable diseases and other events of public health importance;
   b. Ensure the appropriate investigation of cases, contacts and/or other affected parties during an event of public health importance;
   c. Improve the ability of staff to make rapid decisions in a public health emergency;
   d. Implement measures to reduce the secondary transmission of communicable diseases during a public health emergency;
   d. Implement isolation or quarantine measures as needed during an event of public health importance;
   e. Maintain standards and monitor safety of food and water during an emergency; respond in a radiological emergency, and, provide support to Public Works and Engineering for water and waste water programs;
   f. Maintain a surveillance system for the early detection of a possible public health emergency;
   g. Prevent the secondary transmission of communicable diseases during a public health emergency;
   h. Establishing a capability to isolate or quarantine in the event of a public health emergency; and
   i. Maintain standards and monitor safety of food and water during an emergency; respond in a radiological emergency, and, provide support to Public Works and Engineering for water and waste water programs.

2. The Division of Surveillance and Investigations, in coordination with hospital authorities, is responsible for developing plans and procedures for the surveillance and investigation of emerging infectious diseases. The OCME has plans for sudden and unexplained deaths in Virginia which could be an emerging infection which may pose a public health threat.

3. The Virginia Department of Health (VDH) Office of the Chief Medical Examiner (OCME) has a statutory requirement to assume jurisdiction over deaths suspected of being due to:

   a. Suspected infectious diseases that may represent a bio-terrorism event or the initial presentation of an emerging infection that may result in an epidemic. The Medical Examiner does not have jurisdiction over clearly natural deaths due to natural disease under suspicious circumstances e.g. influenza deaths.
   b. Events due to nature (hurricane, earthquake), nuclear, biological, chemical or other mass fatality event.
   c. Homicidal, suicidal, accidental or undetermined causes related to a mass casualty event.

Bioterrorism deaths are homicides.

d. The OCME will also act as the Subject Matter Expert (SME) for all Fatality Management Operations in the Commonwealth.

4. The Virginia Department of Health will disseminate, manage resources and provide technical assistance in accordance with these plans.

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Section 2: Medical Supplies, Equipment and Dispensing

1. VDH is responsible for coordinating the availability of emergency life-saving pharmaceuticals and/or medical supplies to the general public, hospitals, healthcare providers and partner agencies. A limited quantity of pharmaceuticals, nerve agent antidotes and medical supplies are maintained for this purpose through various mechanisms such as the State Pharmacy, local Health Departments, MMRS caches, Chempacks, etc. Once local and state resources are deemed insufficient to accommodate the situation, VDH will activate the Commonwealth's Strategic National Stockpile (SNS) Plan, and through that Plan, request Federal SNS Program assistance.

2. The Strategic National Stockpile (SNS) is a federal program whose mission is to provide large quantities of essential medical items to States and communities when their capability to provide for life-saving pharmaceuticals and/or medical equipment has been or is reasonably expected to be exceeded. The program is administered by the Virginia Department of Health in cooperation with the Virginia Department of Emergency Management and other partners.

3. The activation of the Strategic National Stockpile is initiated through the city or county emergency operations center, in collaboration with the local Health Director (if time permits), to the Virginia Emergency Operations Center (VEOC). The VEOC, acting on behalf of the Governor, will collaborate with State Health Commissioner/designee and formally request the Stockpile through the CDC.

4. Health Districts have the responsibility for the establishment of dispensing sites. Staffing and operation of the dispensing sites is the responsibility of the Health District and city or county government.

5. VDH, in conjunction with the VDEM, Virginia State Police, Department of Corrections, Virginia National Guard and other support agencies will coordinate on the overall SNS function.

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Section 3: Mass Patient Care

A. On the state level VDH, through the Office of Emergency Medical Services (OEMS) and the Regional Hospital Coordinating Centers, is responsible for coordinating the provision of resources to assist localities in the provision of effective, rapid medical care after a mass casualty event that exceeds the localities capabilities. The emergency medical services (EMS) system during a Mass Care Incident consists of licensed emergency medical services agencies, trauma centers and hospitals (with operating emergency departments, as well as hospital surge capacity), deployable specialized medical teams, related health facilities capable of supporting emergency care, and the fatality management system and federal assets.

1. Local emergency medical services: government, commercial, and volunteer agencies. Pre-hospital care is provided by ambulance and rescue organizations, and by combination agencies.

2. Hospitals: The 89 acute care hospitals include five Level I, three Level II, and six Level III Trauma Centers. The 75 other acute care hospitals not designated as trauma centers offer emergency care at varying levels of complexity and include three federal operated Veterans Administration hospitals which will be available for the treatment of non-veteran patients during a federally declared disaster.

3. Regional Organization: Regional Emergency Medical Services Councils and Regional OEMS Program Representatives provide knowledge of the local resources available to assist with regional mutual aid response.

B. Hospital Coordination

1. Hospitals are organized, for planning and response, into six regions. Each region has identified a Regional Healthcare Coordinating Center (RHCC). In response to an event requiring coordination of information and/or medical resource allocation among hospitals within a region or among hospital regions, the RHCC will be activated for emergency coordination.

2. The role of the RHCC is to assess the current capacity, capability and resource needs of the region hospitals and appropriately re-allocate medical material, equipment and personnel within the region. If regional resources are insufficient to meet current or projected needs, the RHCC requests support from other hospital regions.

3. VDH will monitor hospital status from the VDH ECC, facilitate the inter-regional re-allocation of medical resources and initiate the appropriate resource request for interstate or federal support to the VEOC via the ESF-8 desk.

4. Each hospital region's RHCC will be activated when local conditions dictate and as indicated by the need to disseminate emergency information to all regional hospitals or among RHCCs and the VDH.

5. Each hospital has access to an internet-based incident management and communications system (WebEOC). Hospital status

information (clinical and facility operations) is periodically posted to this site as requested by the RHCC and is available for monitoring by hospitals, RHCCs, the VDH ECC and other members of the healthcare coalition granted access to WebEOC. This healthcare coalition includes Public Health Districts, Public Health Regional Teams, and other support organizations from the EMS community.

6. In addition to a hospital status board providing numerical or other status information, the health and medical WebEOC provides a means by which individual facilities can communicate narrative requests for assistance, or provide status updates to the RHCC as the situation develops. The RHCC can then consolidate and communicate status and requests to other RHCCs and the VDH ECC via WebEOC.

7. The RHCC structure is in addition to and does not replace the relationships and coordinating channels established between the individual health-care facilities and their local emergency coordinating centers and/or health department officials. This structure is intended to enhance the communication and coordination of specific issues related to the healthcare component of the emergency response system at both the regional and state levels**.**

C. State Organization: The Office of EMS coordinates Health and Medical Emergency Response Teams (HMERT) that include EMS Task Forces and Responder Rehabilitation Strike Teams comprised of all volunteer staffing. When available, these teams, can deploy with vehicles and personnel to support and/or augment EMS resources in an affected locality.

D. Mutual aid and Federal Organization: Intra-state, federal and the National Disaster Medical System provides medical resources, patient evacuation, mortuary and veterinary assistance and other medical support from state mutual aid (EMAC) and federal resources all of which are requested through the Virginia Emergency Operations Center.# # # # #

Section 4: Emergency Mental Health Services

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is responsible for the coordination of and provision of mental health services to include crisis counseling in emergencies,

These services are to be provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the community services boards across the Commonwealth.

In the event of a major disaster, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) will conduct or implement the following actions:

1. Assure that the state's DMHMRSAS facilities and community services boards are aware of their responsibilities in the event of a major disaster, participate in local emergency services planning activities, and have in place necessary procedures and plans for responding to major disasters.

2. Direct the state's DMHMRSAS facilities to implement their emergency preparedness plans, to include provisions for relocating patients/residents as required.

3. Direct the state's DMHMRSAS facilities and community services boards to establish liaison with local governments and to assist with local emergency operations as appropriate. Implement crisis counseling services as agreed in local Emergency Operations Plans.

4. Provide back-up assistance, on a standby basis, to those community services board staff who are providing crisis counseling services during a major disaster. If needed, community services board(s) in the disaster area should request DMHMRSAS to coordinate with other community services boards in unaffected areas of the state in order to send additional crisis counseling staff to help in designated disaster area(s).

5. Provide additional assistance as requested by the Virginia Department of Emergency Management (VDEM), within the capability of the Department, to include on-site visits to assess service needs and the provision of needed technical assistance.

6. Provide support and assistance to community services boards and other local agencies, volunteer associations and federal agencies according to the capability of its facilities, during emergency operations.

7. In the event of a major disaster: provide, through the mental health centers or other programs, crisis counseling services following a major disaster. The provision of these services shall be coordinated with DHMHMRSA, local emergency management and officials and VDEM.

The Mental Health, Mental Retardation and Substance Abuse Emergency Response Plan is located on the Virginia DMRMRSA website.

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Section 5: Mass Fatality Management

1. VDH, Office of the Chief Medical Examiner (OCME), has a statutory responsibility to assume jurisdictional authority over all deaths in Virginia, which meet the following criteria:

    a. Suspected infectious diseases that may represent a bio-terrorism event or the initial presentation of an emerging infection that may result in an epidemic. (See Paragraph 2 below.)

    b. Events due to nature (hurricane, earthquake), nuclear, biological, chemical or other fatality events.

    c. Homicidal, suicidal, accidental or undetermined causes related to a mass casualty event. (Bioterrorism deaths are homicides.)

2. The Medical Examiner will assume jurisdiction over all of the deaths described above based upon the Code of Virginia § 32.1-277 to 32.1-288.

3. OCME does not have jurisdiction over clearly natural deaths due to natural disease under non- suspicious circumstances e.g. influenza deaths. OCME will investigate naturally occurring deaths which may represent an emerging infection which could pose a public heath threat, but once the agent is known, the decedent's physician is required to sign the death certificate for their patient. The OCME is available to act as the SME for the Commonwealth in a natural disease event and will assist law enforcement in decedent identification.

4. For OCME deaths, OCME will directly coordinate fatality operations with local and federal Law Enforcement, Emergency Medical Services, Hospitals, Incident Command, Federal Disaster Mortuary Operational Response Teams, local, state or federal Hazardous Material Teams. Funeral Directors and any other responding agency(ies) who will work with fatality operations. Local or District Health offices will report to the OCME if they get involved in fatality management operations.

5. OCME will coordinate the documentation, numbering, collection, recovery, transportation, storage, examination identification and release of human remains to Next-of Kin.

6. When the OCME has jurisdiction, they will coordinate their activities at the scene with the lead investigative law enforcement or HAZMAT authority, at the District OCME and Central OCME offices and at the Virginia EOC. There may be occasions where the OCME would be located at the VDH ECC.

7. Resource requests for OCME fatality operations will go directly to the ESF 8, Emergency Services Branch at the state EOC. Operations Officers for the event will be notified of OCME requests to keep the local incident command staff and the local ESF 8 desk at the local EOC informed.

8. OCME will advise VDH Health Commissioner when normal procedures for remains disposition may pose a public health threat.

9. OCME expects that agencies involved in a response will include some or all of the following: VITA, Division of Forensic Sciences, Department of Corrections, Game and Inland Fisheries, Virginia Department of Transportation,

Virginia Department of Emergency Management – Hazardous Materials, and Funeral Directors and Cemetery Owners.

10. OCME's Fatality Management Plan is located in the Virginia Emergency Operations Plan. Community planning guides and other fatality management information booklets are located on the OCME web page: http://www.vdh.virginia.gov/medexam/

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Section 6: Guidance for Evacuation of People with Special Medical Needs

Reference: COVEOP Mass Evacuation and Sheltering Support Annex 6 (Volume II) Appendix 1: Evacuation

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Action Checklist

1. **Routine Operations**

   a. Develop and maintain operational plans and mutual aid agreements.

   b. Provide ongoing training programs for agencies' staff and response personnel.

2. **Increased Readiness**
   A natural or man made disaster is threatening some part of the state.

   a. Communications Watch Level
   On detection of a potential disaster condition that may develop into a threat.
      (1) Start monitoring the developing situation.
      (2) Advise the VDH Deputy Commissioner for Emergency Preparedness and Response.
      (3) Ensure operational readiness of the Health and Medical Services Emergency Coordination Center.
      (4) Initiate operational record keeping.

   b. Initial Alert Level
   On receipt of an Initial Alert from the Virginia Emergency Operations Center.
      (1) Alert the Commissioner of Health, Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, key VDH staff and other Health and Medical agencies and response organizations.
      (2) Activate the Health and Medical Coordination Center as delineated in the VDH plans and procedures.
      (3) Develop staffing plan to provide staff to the VEOC as needed.
      (4) Establish contact with Federal ESF-8 agencies: the CDC and NDMS as needed.
      (5) Start record of all expenses incurred due to this event.

   c. Advanced Alert Level
   On staffing of the VEOC.
      (1) Staff the VEOC in accordance with the staffing plan.
      (2) Gather and provide health and medical services information for inclusion in situation reports.
      (3) Initiate situation status reporting to Virginia ESF-8 agencies.
      (4) Coordinate potential resource requirements with Virginia and Federal ESF-8 agencies and initiate planning for evacuation, resource augmentation, and deployment as appropriate.
      (5) Based on expected affected area, establish liaison with health agencies of adjoining states.
      (6) Coordinate planning with Health Districts, hospitals, Regional EMS Councils, Community Services Boards and other health and medical organizations in affected areas.

3. **Response Operations**

a. Mobilization Phase
Conditions continue to worsen, requiring full-scale preparedness and initial response actions.
(1) Determine initial requirements for resources, including health districts, pre-hospital, hospital, and fatality management.
(2) Prepare health damage assessment teams for deployment.
(3) Coordinate forward staging and deployment of Federal ESF-8 response teams.
(4) Preposition health disaster recovery educational materials for distribution.
(5) Establish registration and screening system for volunteer teams and individuals.
(6) Coordinate with Public Affairs staff in the VEOC to provide information on health hazards.
(7) Coordinate with other staff in the VEOC to recommend protective procedures for dissemination to local government.

b. Emergency Phase
Disaster strikes. An emergency response is required to prevent Illness or Injury and to save lives and to start, if required, other ESF 8 operations such as Veterinary services, fatality management operations, etc. .
(1) Identify specialized augmentation teams needed for emergency relief and recovery.
(2) Receive requests for assistance and coordinate response of state health and medical services resources, to include activation of the Strategic National Stockpile plan.
(3) Compile epidemiological surveillance, casualty and damage reports.
(4) Coordinate deployment and operations of Federal ESF-8 teams.
(5) Assist affected area agencies in meeting needs for critical item re-supply and augmentation staffing.

c. Emergency Relief Phase
Assistance is provided to affected individuals and organizations. Initial measures are implemented to provide life-saving and health care essential services. This phase ends when the locality is no longer in an official state of emergency.
(1) On tasking, deploy damage assessment teams.
(2) Deploy specialized health and medical augmentation teams to affected area Health Districts and hospitals as applicable.
(3) Expedite re-establishment of critical services.
(4) Provide supplies of public education materials to health districts and other appropriate agencies to support cleanup and recovery.
(5) Establish rotation schedule for augmentation and response assets still in the affected area.
(6) Provide consultative services to affected health districts.
(7) Initiate recovery planning.

4. **Recovery Operations**

Essential facilities and services are restored. Displaced persons return to their homes. Federal disaster assistance programs are implemented. Normal conditions are restored. Severely damaged facilities are rebuilt or demolished and replaced. Damaged parts of the medical, public health and mental health infrastructure are replaced. This period may extend for years depending on the severity of the disaster.

a. As required deploy staff to the Joint Field Office.

b. Reestablish regular health and medical services provided by the Department of Health, the Department of Agriculture and Consumer Affairs, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services.

c. Assist in re-establishment of local pre-hospital emergency medical services and community mental health services.

d. Coordinate health and medical support to long term cleanup and reconstruction actions including by Health Districts, hospitals, long term care facilities, mortuary facilities, and water and sewage systems. Provide technical assistance in response to radiological emergencies, and water and food programs and technical assistance to the public works functions.

e. Develop complete documentation of disaster response and recovery actions.

Attachment 1
CRISIS COUNSELING AND EMERGENCY MENTAL HEALTH SERVICES

PURPOSE

To set forth the organization, tasking, and basic concepts of operation needed to provide crisis counseling and emergency mental health services following a major disaster in accordance with the Stafford Act (PL 93-288, Section 416).

ORGANIZATION

These services are to be provided by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the community services boards across the Commonwealth.

CONCEPT OF OPERATIONS

A. The Director of the Federal Emergency Management Agency (FEMA) is authorized, pursuant to Section 416 of The Stafford Act, to allow financial assistance to state or local agencies or private mental health organizations to provide professional counseling services to victims of major disasters or training of disaster workers in order to relieve mental health problems caused or aggravated by such disasters.

B. An individual may be eligible for crisis counseling services if he/she was a resident of the designated disaster area(s) or was located in the area at the time of the disaster event and if he/she has a mental health problem which was caused or aggravated by the major disaster or its aftermath, or if he/she may benefit from preventive care techniques.

C. The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) will:

1. Assure that the state's DMHMRSAS facilities and community services boards are aware of their responsibilities in the event of a major disaster, participate in local emergency services planning activities, and have in place necessary procedures and plans for responding to major disasters.

2. In the event of a major disaster, direct the state's DMHMRSAS facilities to implement their emergency preparedness plans, to include provisions for relocating patients/residents as required.

3. In the event of a major disaster, direct the state's DMHMRSAS facilities and community services boards to establish liaison with local governments and to assist with local emergency operations as appropriate. Implement crisis counseling services as agreed in local Emergency Operations Plans.

4. Provide back-up assistance, on a standby basis, to those community services board staff who are providing crisis counseling services during a major disaster. If needed, community services board(s) in the disaster area should request DMHMRSAS to coordinate with other community services boards in unaffected areas of the state in order to send additional crisis counseling staff to help in designated disaster area(s).

5. Provide additional assistance as requested by the Virginia Department of Emergency Management (VDEM), within the

capability of the Department, to include on-site visits to assess service needs and the provision of needed technical assistance.

6. DMHMRSAS will implement the following procedures in response to a major disaster.

    a. The Commissioner/designee of the Department will, upon notification by the state Department of Emergency Management of a disaster and the need for emergency services, determine the need (and location) for evacuation/relocation for emergency operations by the Central Office.

    b. The Commissioner/designee of the Department will direct, as required, implementation of disaster plans by state facilities for the provision of crisis counseling and other emergency assistance.

    c. The Commissioner/designee of the Department will instruct the directors of state facilities to cooperate fully with VDEM and local government officials.

    d. The Commissioner/designee will notify the directors of community services boards in the affected area and that they may be contacted to provide crisis counseling services.

    e. The Commissioner/designee, at the request of the Community Services Board Director/designee, located in the affected area, will contact other DMHMRSAS facilities or community services boards in unaffected areas to identify supplemental crisis counseling staff who could be dispatched to the disaster area.

    f. The Commissioner/designee will be available to respond to specific requests from state facilities and community services boards affected by a disaster.

D. There are ten DMHMRSAS psychiatric facilities and five mental retardation training centers statewide. Each will:

    1. Develop and maintain a facility emergency response plan which sets forth procedures to be followed in time of emergency such as a lock-out for security purposes, a temporary evacuation as with a fire drill, or a longer-term relocation to another pre-designated facility. Coordinate with local emergency management officials and prepare to assist with local emergency operations as appropriate.

    2. In the event of a major disaster, provide for the safety and health of all persons at the facility as appropriate and in accordance with the facility emergency response plan. Assist with local emergency operations, as appropriate, providing such services as crisis counseling to disaster victims, space for emergency hospitals, or temporary housing for displaced persons.

    3. Facilities in unaffected areas of the state may be requested to assist facilities in the disaster area(s) by providing such services as staffing support or the reception and care of relocated patients/residents. Such assistance will be coordinated by DMHMRSAS.

    4. Develop procedures for responding to major disasters affecting the facility, including preparedness

training in hospital, communication, and recording procedures.

5. Prepare and routinely update facility emergency response plans and procedures, which include:

   a. Procedures for coordinating with the emergency management staff of local governments and with the State EOC.

   b. Responsibilities and procedures affecting the facility that are contained in the local emergency operations plans.

   c. Circumstances and procedures under which the facility would initiate evacuation and relocation of facility patients and residents.

   d. Procedures for the housing of disaster victims and volunteer workers and providing additional supportive services on the facility grounds.

   e. Procedures for alerting and communicating with facility personnel and volunteer workers for assisting victims during the disaster.

   f. Procedures for keeping records of disaster-related events and actions.

   g. Procedures for transmitting situation reports to, and for requesting assistance from, the State EOC.

   h. Procedures for accessing disaster response resources and assistance from other state facilities, and the Department during major disasters.

   i. Establishment of lines of succession of key facility personnel during the disaster and procedures for implementing such succession, including notification of the appropriate personnel of local and state agencies.

6. Provide support and assistance to community services boards and other local agencies, volunteer associations, and federal agencies, according to the capability of the facility, during emergency operations.

7. Inform local government emergency management personnel of the responsibilities of the state facility during a major disaster and of procedures in place for accessing the resources of the facility.

8. Coordinate, to the extent possible, with local institutions of higher learning, mental health associations, and other volunteer agencies in establishing disaster response agreements and identifying potential resources to be used during a major disaster.

9. When directed by the Governor or Commissioner of DMHMRSAS that a major disaster exists, the Director/designee of a facility shall establish liaison with local government, make his facility available for relief assistance, and initiate implementation of the facility emergency response plan.

10. Upon an emergency declaration by local government, the Director/designee shall notify the Commissioner of DMHMRSAS to make his facility available for relief assistance, and implement the facility emergency response plan. During and after the event, the

facility should maintain liaison with local government(s) and provide emergency mental health services as needed.

11. The Director/designee, in conjunction with the Commissioner/designee, shall determine whether or not the nature of the disaster requires evacuation and relocation of facility patients or residents. If a total or partial evacuation is necessary, the Director/designee shall inform the Commissioner (or his designee), the local emergency services staff, and the receiving facility and proceed with the evacuation according to the procedures contained in the facility emergency response plan.

12. The Director/designee will be available to federal emergency response staff and keep accurate records of victims and treatment in order to support applications for federal assistance in accordance with instructions received from the state Department of Emergency Management.

13. The Director/designee will provide periodic reports to the Commissioner/designee on the situation and any problems that may require state-level intervention.

E. The state's Community Services Boards (CSB) are listed at Tab A. Each will:

1. Provide, through the mental health centers or other programs, crisis counseling services following a major disaster. The provision of these services shall be coordinated with DMHMRSAS, local emergency management and officials, and VDEM.

2. Maintain, on an ongoing basis, an emergency preparedness planning and response capability, which includes liaison with the state Department of Emergency Management, and other local emergency preparedness agencies, local Public Health Officials, contiguous Community Services Boards, appropriate professional associations and periodic revision of the Department's emergency preparedness plan and operating procedures. The CSB emergency plan should include:

   a. A hazard vulnerability analysis
   b. Specific procedures for response to each prioritized man-made or natural emergency
   c. Description of the CSBs role in community-wide preparedness plans and response plans
   d. Procedures for notifying external authorities about the emergency
   e. Procedures for notifying personnel when emergency response measures are initiated
   f. Procedures for identifying and assigning personnel to cover necessary staff positions in an emergency
   g. Plans should have a dated title page with record of changes and a record of plan distribution

3. Provide support and assistance to other state agencies, volunteer organizations, and federal agencies necessary to improve the Commonwealth's emergency preparedness capability. This includes the provision of technical assistance, needs assessments, training programs, and resource directories.

4. Develop procedures for responding to major disasters, including preparedness training activities, designation of community services board staff who would provide crisis

counseling services, and procedures that ensure responsiveness with appropriate state and local emergency services staff.

5. Participate in the development and maintenance of local emergency services emergency operations plans in accordance with DMHMR-CSB performance agreements.

6. Coordinate with the state facilities in the development of their emergency preparedness plans.

7. Provide crisis counseling training, support, and assistance to other local agencies and volunteer organizations, according to the capability of the community services board. This includes the establishment of disaster response agreements with other agencies and volunteer associations and the identification of potential community resources to be used either during the disaster or after the emergency has passed.

8. When advised by a local government that a major disaster exists, the Community Services Board Director/designee will make personnel available for crisis counseling, initiate implementation of responsibilities under the local emergency operations plan, and notify DMHMRSAS.

9. The Commissioner/designee shall follow up with the Community Services Board(s) in the affected area to ensure that the required liaison with local emergency management officials has been accomplished and that, if necessary, personnel were made available to provide crisis counseling services.

10. The Community Services Board Director/designee should designate staff who will be available to provide necessary crisis counseling services at Disaster Application Centers to render immediate assistance to disaster victims and volunteers who are experiencing emotional strain. These staff should make referrals, as appropriate, to other treatment resources for follow-up care.

11. The Community Services Board Director/designee should dispatch these designated staff to the Disaster Recovery Centers according to the procedures contained in the local Emergency Operations Plan.

12. Where an ongoing need for disaster-related mental health counseling occurs and when funding becomes available, the Community Service Board(s) may provide such services in accordance with official agreements involving the Federal Emergency Management Agency and DMHMRSAS.

13. If back-up staff from other community services boards is required, the Community Services Director/designee should notify DMHMRSAS. The Department will coordinate such assistance.

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AUTHORITIES AND REFERENCES:

Robert T. Stafford Disaster Assistance and Emergency Assistance Act, Public Law 93-288, as amended, Section 416.

DEFINITIONS:

Community Services Boards – Community mental health, mental retardation, and substance abuse services in Virginia are provided directly and contractually through 38 community services boards (CSBs), one behavioral health authority (City of Richmond), and one city department (City of Portsmouth). The whole state is covered by these organizations. They are established by cities and counties, singly or in combination. They serve 200,000 Virginians annually and their total budgets exceed $430 million. They are legally considered agents of the local government(s) that established them.

Crisis Counseling – The application of individual and group treatment procedures which are designed to ameliorate the mental and emotional crisis and their subsequent psychological and behavioral conditions resulting from a major disaster or its aftermath.

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